

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		4-26-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AK	931	06/11/01
RESPONSE FORMALITY REVIEW	E.B.	1076	08/22/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/23/02
2	1/23/02
3	1/23/02
4	1/23/02
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8	1/23/02
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49	1/23/02
50	1/23/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

573  
 4-22-01

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